CRT-to-Registry Evaluation Request Form

The CRT-to-Registry Admission Provision is a route of eligibility for the examinations associated with the RRT credential. It is for those credentialed individuals who are not graduates of an accredited, advanced-level respiratory therapy program holding an associate degree in respiratory therapy. This form is provided to help you determine if you have all the necessary materials to submit with your request for an evaluation. To request a CRT-to-Registry evaluation, submit your college transcripts with this form to the address below.

Do NOT submit an examination application or payment with this request.

1. Personal Information			
Full Name:		SSN:	
Former Names (if any):			
Address:			
City, State, Zip:			_
Email:		Phone:	
Indicate if your transcripts are		ng forwarded to the NBRC separat	•
Colleg	je, University or School Name	Tran	scripts
a.		☐ Enclosed	☐ Forwarded
b.		☐ Enclosed	☐ Forwarded
C.		☐ Enclosed	☐ Forwarded
d.		☐ Enclosed	☐ Forwarded
3. Do you have at least 62 sem	nester hours and are they clearly	te until all transcripts are received.	Yes □ No
	wn on your transcripts that refle red under the applicable CRT-to	ct completion of the basic scien -Registry admission route.	ce and
	Course Title	College, University or Scho	ool Name
Anatomy/Physiology			
Chemistry			
Mathematics			
Microbiology			

Please send your request to:

National Board for Respiratory Care CRT-to-Registry Evaluation 10801 Mastin St, Ste. 300 Overland Park, KS 66210 or NBRCApplications@nbrc.org